

1-11e

FORM NO. 0938-0183

HEALTH CARE FINANCING ADMINISTRATION STATE PLAN MATERIAL HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 9 5 0 0 6	2. STATE: MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX	
	4. PROPOSED EFFECTIVE DATE	

TYPE OF PLAN MATERIAL (Check One):  
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY \$ b. FFY \$
6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same

SUBJECT OF AMENDMENT:

Pharmacy Payment System


GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

Not Specified under 42 C.F.R. 430.11(b)(1)

SIGNATURE OF STATE AGENCY OFFICIAL



NAME

Bruce M. Bullen

Commissioner, Division of Medical Assistance

SUBMITTED

3/29/95

TO RETURN TO

Budget Bureau  
Coordinator for State Plan  
Division of Medical Assistance  
600 Massachusetts Street, 14th Floor  
Boston, MA 02111

FOR REGIONAL OFFICE USE ONLY

RECEIVED

1/95

18. DATE APPROVED

6/6/01

PLAN APPROVED, ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

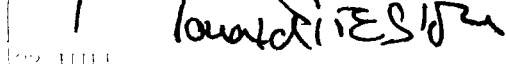
1/95

NAME

Paul Preston

JRK

20. SIGNATURE OF REGIONAL OFFICIAL



22. TITLE

Associate Regional Administrator  
Division of Medicaid and State Operations

- e. Medical or any other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth - audiological services, optometric services (including professional fee and items dispensed such as eye glasses) -- fixed negotiated fee schedules.
- f. Home health care services -- fixed negotiated fee schedules established by the Rate Setting Commission.
- g. Private duty nursing services -- fee schedule established by the Rate Setting Commission.
- h. Clinic services - fixed fee per visit for each clinic established by the Rate Setting Commission.

Freestanding Ambulatory Surgical Centers:

- (1) facility component reimbursed by a fee schedule established by the Rate Setting Commission;
- (2) prosthetic devices reimbursed separately from the facility component by a fee schedule established by the Rate Setting Commission.

i. Rural health clinics:

- (1) rural health clinics services--an all-inclusive rate will be determined by the carrier at the beginning of the reporting period by dividing the estimated total allowable costs by estimated total visits for rural health clinic services;
- (2) other ambulatory services -- fee schedules established by the Rate Setting Commission.

Dental services (including dentures and prosthetic devices) - fixed negotiated fee schedule.

Physical therapy and related services--fixed negotiated fee schedule.

Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select -- fee schedules established by the Rate Setting Commission. Payment for prescribed drugs shall not exceed the lower of the provider's usual and customary charge or:

- (1) for multiple source drugs:
  - (a) the federal upper limit price (FULP), if any, plus the dispensing fee, or
  - (b) the Massachusetts upper limit price, if any, plus the dispensing fee, or
  - (c) the Estimated Acquisition Cost (EAC) of the drug which is defined as the Wholesale Acquisition Cost (WAC) plus 10%, plus the dispensing fee.
- (2) for all other drugs (including single source drugs and brand name drugs which have been certified as medically necessary), the Estimated Acquisition Cost as listed in (1)(c) above, plus the dispensing fee.

Mental health, screening, preventive, and rehabilitative services--fixed negotiated fee schedules established by the Rate Setting Commission.

Inpatient hospital services and skilled nursing home services for individuals 65 years of age or over in an institution for tuberculosis or mental diseases.

- (1) inpatient hospital services -- see Attachment 4.19 A;
  - (2) skilled nursing home services -- see Attachment 4.19 D.
- Reimbursement for medical care -- usual and customary charges for medical care.

Any other medical care not covered under state-law regulated and approved health plans shall be paid at the rate of the usual and customary charges for medical care.

Approved by:

Approval date: 06-06-01

Effective date: